## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

Principal Place of Business

P95000075565 (8)

AUTO ADVISORS OF SOUTH FLORIDA, INC.

Mailing Address



1830 SABAL PALM DRI. #304 FT LAUDERDALE FL 33324	1830 SABAL PALM DRI. #304 FT LAUDERDALE FL 33324				Date Incorporated or Qualified     10/02/1995	3a. Date of Last Report				
2. Principal Place of Business	1	2a. Mailin	Address	. 0.	20	4 EEL Number	202		Applied	d For
10242 NW	4/55.	26 /5-	SO SAB	AL PAW	n DK	650 636	305		<del></del>	plicable
Suite, Apt #, etc		Suite,	Apt #, etc	r. 304		5. Certificate of Status Desired		•	<b>75</b> Addit e Require	
City & State 23 SUNRISE	FLORIDA	28 <b>/7.</b>	State LAUOE	KOALE	FLORIDA			Ad	00 May ded to Fe	es
	Country	Zip2	778./	Count	7 C A	8. This corporation has liability for			ers 199	032
33551 25	USH	29 5	374	30 0	43//	Florida Statutes	Yes	No		
9. Name and	Address of Current	Registered A	gent		41 11	10. Name and Address of New R	egistered A	gent		
REPPEN, DONALD	)			8	1 Name					
1830 SABAL PALM DRI, #304 FT LAUDERDALE FL 33324				8	82 Street Address (P.O. Box Number is Not Acceptable)					
FI LAUDENDALE	rl 33324			8	3					
				8	4 City		FL	85	Zip Code	E)
office or registered agent, or agent. I am familiar with, an SIGNATURE	or both, in the State o ad accept the obligat	it Florida. Such ions of, Sectio	i change was n 607 0505, l	s authorized b Florida Statute	y the corporatio	oration submits this statement for the on's board of directors. I hereby accep	р: инстадрон	itment	as regist	ered
Signature typed or print	ted name of registered agent		€ (†		igent's gnature require		OATE	DIDEC	TODE IN	112
12.	OFFICERS AND	DIRECTORS	- Science	13.		ADDITIONS/CHANGES TO OFF	ICERS AND		inge   I	Addition
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14. I do hereby certify that the information supplied with truefling is voluntarily furnished and does not quality for the exemptor stated in Section 1149 07(3)(6). Holded stated on this armulat report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears it Block 13 or prock 13 if or prock 13 if or prock 13 if or prock 13 if or prock 14 if or prock 15 if or

SIGNATURE:

SNATURE AND THE OF PRIME NAME OF SIGNING OFFICER OR DIRECTOR

Aug/1/96 (954)748-23